

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445460	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2015
NAME OF PROVIDER OR SUPPLIER VANCO MANOR NURSING AND REHABILITATION CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 813 S DICKERSON RD GOODLETTSVILLE, TN 37072		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 067 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations and document review, the facility failed to ensure the fire dampers were maintained.</p> <p>The finding included:</p> <p>Document review on 8/4/2015 at 9:32 AM, revealed the facility failed to provide 4-year fire damper inspection documentation. NFPA 90A, 3-4.7, 1999 Edition.</p> <p>This finding was verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/4/2015.</p>	K 067	<p>K067 (POC)</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>a. On 8/19/15, the damper inspection was completed by Tyco Integrated Security. Documentation of the inspection was secured and no issues were noted.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>a. The potential for adverse effect to the resident was addressed by the completion of this damper system test on 8/19/15 by Tyco Integrated Security and no issues noted.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.</p> <p>a. The Maintenance personnel was inserviced on the required life safety inspections, not limited too but including the inspection of the damper system on 8/5/15 by the administrator.</p> <p>b. On 8/28/15 the damper system inspection will be added to the facilities scheduled life safety inspections program (TELs) by the maintenance personnel to ensure compliance.</p> <p>4. How the corrective actions will be monitored to ensure the deficient practice will not recur; i.e, what assurance program will be put in place.</p> <p>a. The administrator and maintenance personnel will ensure compliance by reviewing/ monitoring the scheduled life safety inspection list monthly, and report findings to the QA committee during the quarterly QA Meeting.</p> <p>b. Completion date: 8/28/15.</p>	8/19/15	
K 147 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, the facility failed to maintain the electrical system.</p> <p>The findings included:</p> <p>1. Observation of the Out Patient room (in the</p>	K 147		8/5/15 8/28/15 8/28/15	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 147	<p>Continued From page 1</p> <p>Physical Therapy) on 8/4/2015 at 10:11 AM, revealed a multi plug power strip powering a extension cord which was powering an additional multi plug power strip. Administrator removed on site. National Fire Protection Association (NFPA) 99, 3-3.2.1.2, 1999 Edition and S&C: 14-46-LSC</p> <p>2. Observation on 8/4/2015 at 10:53 AM, revealed medical equipment plugged into power strips in the following resident rooms:</p> <p>a. 202 revealed the resident bed plugged into a power strip</p> <p>b. 205 a resident bed plugged into a power strip</p> <p>c. 205 a resident bed, radio and a phone plugged into power strip</p> <p>d. 206 a resident bed and a lamp</p> <p>e. 209 two (2) resident beds plugged into a power strip (maintenance director removed on site)</p> <p>f. 210 a resident bed, an Oxygen concentrator, a stand-up blood pressure machine, and white noise machine</p> <p>g. 212 two (2) resident beds and an Oxygen concentrator</p> <p>h. 215 a resident bed and a cell phone charger</p> <p>i. 216 a power strip in use could not verify what was all plugged in to the power strip due to resident</p> <p>j. 101 a resident bed and an Oxygen concentrator</p> <p>k. 109 a resident bed, breathing nebulizer machine, and stand-up blood pressure machine NFPA 99, 3-3.2.1.2, 1999 Edition and S&C: 14-46-LSC.</p> <p>These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on 8/4/2015.</p>	K 147	<p>K147 (POC)</p> <p>1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>a. On 8/4/15, the following equipment was removed from the power strips and placed in the appropriate electrical outlet by the maintenance personnel.</p> <p>i. 202 and 209: Bed</p> <p>ii. 205: Bed, radio, and phone</p> <p>iii. 206: Bed and lamp</p> <p>iv. 101, 210 and 212: bed, O2 concentrator, stand up BP machine, and white noise machine.</p> <p>v. 215: Bed and cell phone</p> <p>vi. 216: All durable medical equipment present</p> <p>vii. 109: Bed, nebulizer, and stand up BP machine.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>a. On 8/4/15, a 100% building audit was conducted by the maintenance personnel to ensure compliance with all DME being plugged into the appropriate electrical outlet as needed.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur.</p> <p>a. All staff was in-serviced on 8/28/15 by the DON, ADON, and Staff Development Coordinator regarding the regulation pertaining to electrical outlets and the use of power strips.</p> <p>b. On 8/28/15, the regulation information pertaining to electrical outlets and use of power strips was added to the orientation packet for new hires by the staff development coordinator.</p>	8/4/15	8/28/15